

3000009345 3111/13

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FGD

AsOfDate 03/04/2013

Voucher Vchr VchrlneDescr

Distr Account

Account

Fund

VendorName

1099

Accounting Period

PurchaseOrder Invoice Number

Total Amount

Number Line

Line#

Description

Withhold

Year

Month

00327438

1 I/S meals & lodging

1

542200

Employee I/S Meals & L

06105

NASH GAYLE-001

2013

02

0000098597

Nash, G. 2.11-2.

420.00

Total For Voucher

420.00

NS

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00327438
 Voucher Style: Regular

Invoice Number: Nash, G. 2.11-2.15.13
 Invoice Date: 02/28/2013
 Total: 420.00

Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

*Pay Terms: Pay Now ☐ Schedule Payments

Payment Information

Scheduled Payment: 1

*Remit to: 0000099443 

Location: 001 

*Address: 1 

NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Gross Amount: 420.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 02/28/2013 

Net Due: 02/28/2013

Discount Due:

Accounting Date:

Find | View All First  1 of 1  Last  

Payment Method

*Bank: WFB10

*Account: B Pay Group: RE

*Method: ACH ACH *Handling: N 

Message: ☐ Messages

Message will appear on remittance advice.

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Nash, G. 2.11-2.15.13
Voucher ID: 00327438 Invoice Date: 02/28/2013
Voucher Style: Regular Total: 420.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRFRNT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE	1	DATE	2/18/2013
AGENCY		VOUCHER NUMBER	00337438
CODE	66500		

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000 / 06105	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	001768-SG
	Year:	2011	Make:	Nissan	Model:	Altima

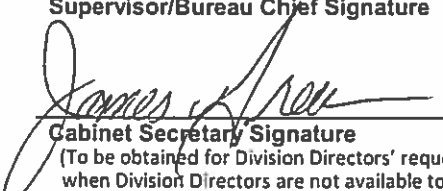
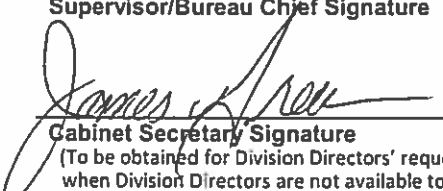
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:	Meetings with Administrators and Nurse Staff in Santa Fe and Silver City				
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	02/08/13	Destination:	Santa Fe & Silver City		
	Departure Date: (month/day/yr)	02/11/13	Time:	06:00 AM	Return Date: (month/day/yr)	2/15/13
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	3 @ \$85/day	\$ 255.00
546800: Registration – Vendor		Santa Fe Only:	1 @ \$135/day	\$ 135.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 420.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 420.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature 2-28-2013 Date	 Supervisor/Bureau Chief Signature Date
Division Director/Hospital Administrator (As per specific division requirements) Date	 Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.) Date